

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/59/189

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				1		
5				0		
6				1		
7				-		
8				-		
9				-		
10				-		
11				-		
12				-		
13				-		
14				-		
15				-		
16				-		
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18				-		
19				-		
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42				-		
43				-		
44				-		
45				-		
46				-		
47				-		
48				-		
49				-		
50				-		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	14	←		←
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						